


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **766931** (0)
1. Corporation Name
HOME OWNERS ASSOC. OF SUNSHINE VILLAGE INC.



Principal Place of Business 13451 SW 5TH ST DAVIE FL 33325	Mailing Address 13451 SW 5TH ST DAVIE FL 33325
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3. Date Incorporated or Qualified 02/09/1983
4. FEI Number 59-2336783
Applied For Not Applicable

2. Principal Place of Business 21 13451 SW 5th St, Suite, Apt. #, etc. 22 City & State 23 DAVIE, FL Zip 24 33325	2a. Mailing Address 25 13451 SW 5th ST. Suite, Apt. #, etc. 26 City & State 27 DAVIE, FL Zip 28 33325 Country 29 BROWARD
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**TORO, MARY ANN
430 SW 134 AVE
DAVIE FL 33325**

10. Name and Address of New Registered Agent

81 Name GITTA, BRIGITTA
82 Street Address (P.O. Box Number is Not Acceptable) 420 SW 133 TER.
83
84 City DAVIE FL 85 Zip Code 33325

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Brigitta Gitta **BRIGITTA GITTA, SECRETARY** DATE **4/21/98**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	GITTA, BRIGITTA	
STREET ADDRESS	420 SW 133 TERR	
CITY-ST-ZIP	DAVIE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ALEXANDER, HOWARD	
STREET ADDRESS	13540 SW 6TH ST	
CITY-ST-ZIP	DAVIE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WAJDA, MERRY	
STREET ADDRESS	13440 SW 4TH ST	
CITY-ST-ZIP	DAVIE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MARRERO, DAISY	
STREET ADDRESS	13500 SW 5TH ST	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TURO, MARY	
STREET ADDRESS	430 SW 134TH AVE	
CITY-ST-ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.1 TITLE	PD	
1.2 NAME	PACELLA, NICK	
1.3 STREET ADDRESS	431 SW 134 AVE	
1.4 CITY-ST-ZIP	DAVIE, FL 33325	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ELY, DANIEL	
2.3 STREET ADDRESS	13480 SW 6th Place	
2.4 CITY-ST-ZIP	DAVIE, FL 33325	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ALEXANDER, HOWARD	
3.3 STREET ADDRESS	13540 SW 6th St.	
3.4 CITY-ST-ZIP	DAVIE, FL 33325	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GITTA, BRIGITTA	
4.3 STREET ADDRESS	420 SW 133 TER.	
4.4 CITY-ST-ZIP	DAVIE, FL 33325	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ELY, DEBBIE	
5.3 STREET ADDRESS	13480 SW 6th Place	
5.4 CITY-ST-ZIP	DAVIE, FL 33325	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Brigitta Gitta **BRIGITTA GITTA** DATE **4/21/98** **954-476-6853**

CR2E037 (10/97)